

Health Care Financing Program Statistics



Medicare: Participating Health
Facilities, 1979

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Published by the Health Care Financing Administration
Office of Research, Demonstrations, and Statistics

Health Care Financing Program Statistics

The Health Care Financing Administration was established to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Professional Standards Review Organization program, and a variety of other health care quality assurance programs.

The mission of the Health Care Financing Administration is to promote the timely delivery of appropriate, quality health care to its beneficiaries—approximately 47 million of the nation's aged, disabled, and poor. The Agency must also ensure that program beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality, and that Agency policies and actions promote efficiency and quality within the total health care delivery system.

HCFA's Office of Research, Demonstrations, and Statistics (ORDS) conducts studies and projects that demonstrate and evaluate optional reimbursement, coverage, eligibility, and management alternatives to the present Federal programs. ORDS also assesses the impact of HCFA programs on health care costs, program expenditures, beneficiary access to services, health care providers, and the health care industry. In addition, ORDS monitors national health care expenditures and prices and provides actuarial analyses on the costs of current HCFA programs as well as the impact of possible legislative or administrative changes in the programs.

Medicare **Program Statistics** present detailed reports on Medicare enrollment, providers, and the use of reimbursement for covered services. Medicare enrollment data report the number of persons insured under Part A and Part B of the Medicare program by age, race, sex, and place of residence. Provider statistics consist of information on the number, distribution, and characteristics of hospitals, skilled nursing facilities, home health agencies, and independent laboratories certified to furnish and receive payment for covered health services to Medicare beneficiaries.

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Medicare: Participating Health Facilities, 1979

Prepared by Wayne Callahan

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Introduction

This report presents 1979 data on the number and geographic location of providers and suppliers of health services under Medicare, based on records maintained by the Health Care Financing Administration (HCFA). Every provider and supplier of health services must apply for participation in the Medicare program. Data from the application forms are stored in the central provider record and are updated as facilities are recertified, as new ones apply for participation, or as some leave the program. When the information in the provider file is combined with utilization data, it relates the characteristics of facilities that provide health care to the kinds and amounts of services used by persons insured under Medicare.¹

SUMMARY OF FINDINGS

The highlights of this report are as follows:

Trends, 1975-1979

- Although the number of Medicare-certified, short-stay hospitals had a small increase, from 6,107 in 1975 to 6,128 in 1979, the number of beds increased by nine percent. The average number of beds in these hospitals increased from 148 to 161.
- Only 18 tuberculosis hospitals were still certified in 1979, a 58 percent decrease from the 43 hospitals certified in 1975.
- The number of certified psychiatric hospitals increased from 385 in 1975 to 411 in 1979 (about seven percent), but the average number of beds decreased from 516 to 324.
- The number of certified skilled nursing facilities (SNFs) increased from 3,932 in 1975 to 4,963 in 1979 (26 percent). The number of beds increased 46 percent, from an average of 73 to 85.
- The number of home health agencies (HHAs) increased from 2,242 in 1975 to 2,788 in 1979 (24 percent). The largest net increases occurred in the East South Central States (up by 100 agencies) and the West North Central States (up by 103 agencies).
- Independent clinical laboratories certified under Medicare increased by almost 11 percent, from 3,048 to 3,373 between 1975 and 1979.

Distribution and Characteristics of Providers of Services, 1979

- In the U.S., there were 36.8 short-stay hospital beds per 1,000 beneficiaries enrolled for hospital insurance (HI) under Medicare (aged and disabled).
- The number of short-stay hospital beds per 1,000 HI beneficiaries ranged from 25.8 in Rhode Island to 94.6 in Alaska.

¹For the statutory definitions of providers and suppliers of services and the detailed conditions for participation under Medicare, see *Medicare Program Regulations*, 42 CFR, Part 405, Subpart S, Health Care Financing Administration.

- About 55 percent of all short-stay hospitals were non-profit institutions; 13 percent were proprietary and 32 percent were under government control.
- In the U.S. there were 15.8 SNF beds per 1,000 HI beneficiaries. The number ranged from less than 1 per 1,000 in Arkansas and Oklahoma to 46.4 in North Dakota.
- The ratio of short-stay hospital beds to SNF beds ranged from less than one in California, Connecticut, and Idaho to 40 to one in Oklahoma.
- About 68 percent of the SNFs are privately owned.
- About 46 percent of the HHAs are administered by government agencies, and 18 percent are administered by visiting nurse associations.
- Almost one-fourth of all certified independent clinical laboratories in the U.S. are located in California (826 of 3,334).
- Of the 316 rural health clinics certified for Medicare reimbursement, 42 percent are located in the South.
- Of the 916 facilities approved for renal dialysis services, 306 were freestanding facilities, and the remainder were hospital based. Kidney transplant services were approved for 145 hospitals.

Section II presents detailed trend data on the changes in the number of providers of services between 1975 and 1979. Section III presents data on 1) the number of short-stay hospital and skilled nursing facility beds per 1,000 HI beneficiaries (aged and disabled) by geographic location and by type of control; 2) the distribution by geographic location of home health agencies, independent laboratories, outpatient physical therapy and/or speech pathology, portable X-ray and rural health clinics; and 3) the number, type, and location of facilities certified to provide kidney transplants and/or renal dialysis.

Trends, 1975-1979

Changes in the number of participating facilities and beds under Medicare between July 1975 and July 1979 are summarized in Table A.

SHORT-STAY HOSPITALS

Although the number of short-stay hospitals showed little change since 1975, the number of beds increased over nine percent, from 901,757 to 985,070.

A significant increase in the average size of these hospitals was recorded. The average number of beds in short-stay hospitals increased from 148 in 1975 to 161 in 1979 (Table B). The most significant increases occurred in the number of hospitals with 400 or more beds. The number of hospitals in this group increased from 451 in 1975 to 569 in 1979, an increase of 26.2 percent. In contrast, small hospitals (those with less than 100 beds) decreased 5.4 percent. The distribution of short-stay hospital beds showed similar relative changes over the five year period.

TABLE A
Number and Type of Facilities and Beds Participating in the Health Insurance
Program and Percentage Change, All Areas, July 1975 to July 1979

Type of Facility	Facilities					Percent Change 1975-79
	1975	1976	1977	1978	1979	
Hospitals	6,773	6,802	6,806	6,797	6,801	.4
Short-Stay	6,107	6,112	6,131	6,130	6,128	.3
Tuberculosis	43	38	36	26	18	-58.1
Psychiatric	385	401	400	400	411	6.8
Other Long Stay	238	251	239	241	244	2.5
Skilled Nursing Facilities	3,932	3,928	4,002	4,749	4,963	26.2
Home Health Agencies	2,242	2,361	2,420	2,605	2,788	24.4
Independent Laboratories	3,048	3,194	3,221	3,281	3,373	10.7
Beds						
Hospitals	1,140,395	1,149,122	1,162,990	1,142,248	1,147,498	.6
Short-Stay	901,757	922,601	953,067	965,323	985,070	9.2
Tuberculosis	6,823	5,754	5,457	3,722	2,253	-67.0
Psychiatric	198,802	188,288	172,949	145,376	133,106	-33.0
Other Long Stay	33,013	32,479	29,390	27,827	27,069	-18.0
Skilled Nursing Facilities	287,479	309,790	349,650	418,246	419,835	46.0

TABLE B
Number of Short-Stay Hospitals and Beds by Bed Size, July 1975 and July 1979

Bed Size	Hospitals		Percent Change	Beds		Percent Change
	1975	1979		1975	1979	
Total	6,107	6,128	.3	901,757	985,070	9.2
Less than 25	415	417	.5	7,127	7,532	5.7
25-49	1,348	1,240	-8.0	48,815	44,614	-8.6
50-99	1,523	1,450	-4.8	108,626	102,439	-5.7
100-149	808	796	-1.5	98,206	96,387	-1.9
150-199	538	527	-2.0	92,952	90,705	-2.4
200-249	381	403	5.8	84,820	89,001	4.9
250-299	284	316	11.3	77,887	85,481	9.8
300-399	359	410	14.2	123,290	140,296	13.8
400-499	206	253	22.8	91,416	111,871	22.4
500-749	182	238	30.8	106,785	139,787	30.9
750 or More	63	78	23.8	61,833	76,957	24.5
Mean Number of Beds	148	161	—	—	—	—
Median Number of Beds	92	99	—	—	—	—

Between July 1975 and July 1979, the number of beds per 1,000 beneficiaries decreased slightly (Table C). The number of short-stay hospitals decreased in four of the nine census divisions between 1975 and 1979. The number of certified beds increased in all geographical areas over this period. The Middle Atlantic States registered the largest relative decrease in participating short-stay hospitals (six percent) from 1975 to 1979, but the number of certified beds rose by three percent. The largest relative increase in the number of participating short-stay hospitals occurred in the Mountain States (7.6 percent). The Southern and Mountain States recorded relative increases in beds considerably above the national average of nine per-

cent. The ratio of beds to beneficiaries generally moved within a narrow band, ranging from an increase of five percent in the West South Central States to a decrease of five percent in the Pacific States.

Table D shows the number and percentage distribution of the 50 States and the District of Columbia by the number of short-stay hospital beds per 1,000 HI beneficiaries as of July 1975 and July 1979. Over 60 percent of the States continue to have 35 or more short-stay hospital beds per 1,000 HI beneficiaries. Only two jurisdictions (Alaska and the District of Columbia) had 55 or more beds per 1,000 HI beneficiaries.

TABLE C
Number of Short-Stay Hospitals, Beds, Beds per 1,000 HI Beneficiaries, and
Percentage Change by Census Division, July 1975 and July 1979

Division	Hospitals			Beds			Beds per 1,000 HI Beneficiaries		
	1975	1979	Percent Change	1975	1979	Percent Change	1975	1979	Percent Change
All Areas	6,107	6,128	.2	901,757	985,070	9.1	36.9	36.6	-0.8
United States	6,042	6,070	.5	893,952	976,403	9.2	37.0	36.8	-0.5
New England	282	283	.4	48,527	51,534	6.2	33.0	32.5	-1.5
Middle Atlantic	688	647	-6.0	156,091	160,750	3.0	34.7	33.4	-3.7
East North Central	952	938	-1.5	175,441	190,881	8.8	39.6	40.0	1.0
West North Central	845	839	-.7	88,001	94,425	7.3	40.5	41.0	1.2
South Atlantic	825	851	3.2	137,312	156,388	13.9	36.0	35.6	-1.1
East South Central	491	507	3.3	63,153	70,679	11.9	39.5	40.1	1.5
West South Central	815	867	6.4	89,204	104,192	16.8	39.3	41.3	5.1
Mountain	368	396	7.6	34,966	39,501	13.0	38.2	36.7	-3.9
Pacific	776	742	-4.4	101,257	108,053	6.7	34.1	32.4	-5.0
Other areas ¹	65	58	-10.8	7,805	8,667	11.0	28.8	25.9	-10.1

¹Includes Puerto Rico, Virgin Islands, Guam, and other outlying areas.

TABLE D
Percentage Distribution of Beds in Short-Stay Hospitals per
1,000 HI Beneficiaries by State, July 1975 and July 1979

Short-Stay Hospital Beds per 1,000 Beneficiaries	Number of States		Percentage Distribution	
	July 1975	July 1979	July 1975	July 1979
Totals	51	51	100.0	100.0
Less than 35	18	19	35.3	37.3
35-39.9	16	16	31.4	31.4
40-44.9	14	13	27.5	25.5
45-49.9	—	1		2.0
50-54.9	1	—	2.0	
55-64.9	1	1	2.0	2.0
65 or More	1	1	2.0	2.0

OTHER HOSPITALS

As can be noted in Table A, the number of tuberculosis hospitals and beds continued to show relatively large decreases. As of July 1979, only 18 tuberculosis hospitals remained in the program. This was due primarily to a reduction in the occurrence of the disease itself. In addition, hospitals other than tuberculosis hospitals now have the facilities for the treatment of respiratory diseases. Certified beds in psychiatric hospitals decreased by 33 percent, while the number of psychiatric facilities increased seven percent. The decrease in the number of psychiatric hospital beds is due, in part, to the fact that more community hospitals are treating psychiatric patients. The average number of beds in these facilities decreased from 516 in 1975 to 324 in 1979. Also, the current classification of psychiatric hospitals includes an increasing number of alcoholism and chemical-dependency hospitals.

SKILLED NURSING FACILITIES

The number of participating SNFs and beds increased significantly between July 1975 and July 1979—an increase of 1,031 facilities and over 132,000 beds. These represent increases of 26.2 percent and 46.0 percent, respectively (Table E). Some of the increase can be attributed to the uniform Medicare and Medicaid standards for SNFs established under the 1972 amendments to the Social Security Act, effective July 1, 1973. Facilities previously certified only under the Medicaid program became certified under Medicare with the application of the uniform standards.

Large increases were recorded for SNFs with 50 or more beds. The number of SNFs in this group increased from 2,410 in 1975 to 3,366 in 1979, an increase of 39.7 percent. The number of beds in these SNFs increased from 241,841 to 371,455, accounting for 98 percent of the increase in SNF beds over the five year period. The average number of beds in SNFs increased from 73 to 85.

Table F summarizes data showing the changes in the number of SNFs and beds, and the ratio of beds

to enrolled population for this period by geographic division. All geographical divisions showed increases in the number of certified SNFs between 1975 and 1979. Only the West South Central States recorded a decrease in the number of beds over the period and in the ratio of beds to enrolled beneficiaries.

INDEPENDENT CLINICAL LABORATORIES

The number of clinical laboratories increased 11 percent between 1975 and 1979 (Table G). The largest relative increase (34 percent) occurred in the South Central States. Only the Middle Atlantic States had fewer laboratories certified in 1979 than in 1975. Twenty-nine percent of the approved laboratories were located in the Pacific States.

Distribution and Characteristics of Providers of Services, 1979

HOSPITALS

Hospitals certified to provide services to Medicare beneficiaries include short-stay general and specialty hospitals (those hospitals where the average length of stay is less than 30 days),² tuberculosis, psychiatric, and other long stay hospitals, and Christian Science sanatoriums. To participate in the program and be reimbursed for services provided, a hospital must meet statutory requirements and be in compliance with conditions established by the Secretary of Health and Human Services.

The numbers of participating hospitals and beds in 1979 by type of hospital, geographic division, and State are shown in Table 1. Significant divisional and State variations become apparent when the number of short-stay hospital beds is related to the number of aged and disabled persons in the HI program.

²Short-stay specialty hospitals with an average length of stay of less than 30 days include such facilities as ear, nose, and throat hospitals and pediatric hospitals.

TABLE E
Number of Skilled Nursing Facilities and Beds by Bed Size, July 1975 and July 1979

Bed Size	Skilled Nursing Facilities		Percent Change	Beds		Percent Change
	1975	1979		1975	1979	
Total	3,932	4,963	26.2	287,479	419,835	46.0
Less than 25	499	512	2.6	8,553	8,076	-5.6
25-49	1,023	1,085	6.1	37,085	40,304	8.7
50-99	1,544	1,864	20.7	110,162	135,644	23.1
100-149	556	903	62.4	64,516	106,180	65.6
150-199	184	338	83.7	30,513	57,268	87.7
200 or More	126	261	107.1	36,650	72,363	97.4
Mean Number of Beds	73	85	—	—	—	—
Median Number of Beds	64	74	—	—	—	—

TABLE F
Number of Skilled Nursing Facilities, Beds, Beds per 1,000 HI Beneficiaries, and
Percent Change by Census Division, July 1975 and July 1979

Division	Skilled Nursing Facilities			Beds			Beds per 1,000 HI Beneficiaries		
	July 1975	July 1979	Percent Change	July 1975	July 1979	Percent Change	July 1975	July 1979	Percent Change
All Areas	3,932	4,963	26.2	287,479	419,835	46.0	11.8	15.6	33.3
United States	3,926	4,958	26.3	287,087	419,633	46.2	11.9	15.8	32.8
New England	304	391	28.6	21,206	27,336	28.9	14.4	17.2	19.4
Middle Atlantic	654	930	42.2	67,508	110,946	64.3	15.0	23.1	54.0
East North Central	664	924	39.2	42,362	67,401	59.1	9.6	14.1	46.9
West North Central	227	279	22.9	10,813	17,361	60.6	5.0	7.5	50.0
South Atlantic	500	633	26.6	32,770	51,256	56.4	8.6	11.7	36.0
East South Central	230	339	47.4	12,799	19,846	55.1	8.0	11.3	41.3
West South Central	76	87	14.5	5,158	4,907	-4.9	2.3	1.9	-17.4
Mountain	177	252	42.4	8,741	16,664	90.6	9.6	15.5	61.5
Pacific	1,094	1,123	2.7	85,730	103,916	21.2	28.9	31.2	8.5
Other Areas	6	5	-16.7	392	202	-48.5	0.8	0.6	-25.0

TABLE G
Number of Home Health Agencies and Independent Laboratories and
Percent Change by Census Division, July 1975 and July 1979

Division	Home Health Agencies			Independent Laboratories		
	1975	1979	Percent Change	1975	1979	Percent Change
All Areas	2,242	2,788	24.4	3,048	3,373	10.7
United States	2,227	2,758	23.8	3,000	3,334	11.1
New England	334	325	-2.7	209	229	9.6
Middle Atlantic	269	280	4.1	495	458	-7.5
East North Central	329	416	26.4	468	532	13.7
West North Central	235	335	42.6	138	179	29.7
South Atlantic	286	380	32.9	306	344	12.4
East South Central	295	398	34.9	92	123	33.7
West South Central	250	308	23.2	248	333	34.3
Mountain	89	120	34.8	167	167	0.0
Pacific	140	196	40.0	877	969	10.5
Other Areas	15	30	100.0	48	39	-18.8

Nationally there were 36.6 short-stay hospital beds per 1,000 HI beneficiaries. The number ranged from 32.4 in the Pacific States to 41.3 in the West South Central States. Among the individual States the number ranged from 25.8 in Rhode Island to 94.6 in Alaska. It should be noted that the rates shown are for Medicare beneficiaries only, but beds are also used by the general public. In addition, hospitals generally serve a population determined by factors other than the geographic subdivisions in which the hospitals are located.

Of the 6,128 short-stay hospitals participating in 1979, 55 percent were voluntary non-profit institutions (Table H). Almost one-third of the hospitals were government operated (mostly by State and local governments), and the remaining 13 percent were proprietary.

The median number of beds of all short-stay hospitals was 99. Voluntary hospitals had the largest median number—143—more than twice that of government hospitals. There were only 78 short-stay hospitals with 750 or more beds, and none of these was privately owned. Over 50 percent of the short-stay hospitals had fewer than 100 beds.

TABLE H
Number and Percentage Distribution of Short-Stay Hospitals by Bed Size and Type of Control,
All Areas, July 1979

Bed Size	All Short-Stay Hospitals		Voluntary		Proprietary		Government	
	Number	Percentage Distribution	Number	Percentage Distribution	Number	Percentage Distribution	Number	Percentage Distribution
Total	6,128	100.0	3,379	100.0	801	100.0	1,948	100.0
Less than 25	417	6.8	145	4.3	47	5.9	225	11.6
25-49	1,240	20.2	478	14.1	169	21.1	593	30.4
50-99	1,450	23.7	648	19.2	221	27.6	581	29.8
100-149	796	13.0	482	14.3	138	17.2	176	9.0
150-199	527	8.6	332	9.8	94	11.7	101	5.2
200-249	403	6.6	278	8.2	68	8.5	57	2.9
250-299	316	5.2	242	7.2	32	4.0	42	2.2
300-399	410	6.7	326	9.6	21	2.6	63	3.2
400-499	253	4.1	204	6.0	9	1.1	40	2.1
500-749	238	3.9	186	5.5	2	.2	50	2.6
750 or More	78	1.3	58	1.7	—	—	20	1.0
Mean Number of Beds	161	—	200	—	114	—	113	—
Median Number of Beds	99	—	143	—	92	—	63	—

SKILLED NURSING FACILITIES

An SNF is an institution, or a distinct part of an institution, primarily engaged in providing skilled nursing care or rehabilitation services. These services are intended for patients who had been hospitalized for treatment of a medical condition and who, while no longer requiring the full range of hospital services, still need full time skilled nursing care in an institutional setting.

Facilities certified to provide skilled nursing services under Medicare include SNFs, distinct parts or units of hospitals, domiciliary institutions, and rehabilitation centers. The phrase "a distinct part of an institution" means an entire, physically identifiable unit, such as a separate building, floor, wing, or ward which is physically separated from the rest of the institution.

The 4,963 participating SNFs provided 15.6 beds per 1,000 HI beneficiaries (Table 2). Only the number of beds available for patients receiving skilled nursing care are included. (The number of beds ranged from almost 2 per 1,000 beneficiaries in the West South Central States to 31.2 per 1,000 beneficiaries in the Pacific States.) By State, the number of beds per 1,000 beneficiaries varied from less than one in Arkansas and Oklahoma to 46.4 in North Dakota. The number of beds available for use by Medicare beneficiaries depends, in part, on the use of these beds by persons not under Medicare. Geographical variation in beds per 1,000 Medicare beneficiaries may therefore reflect the extent to which persons not covered by Medicare, particularly Medicaid beneficiaries, use SNFs.

In sharp contrast to hospitals, over two-thirds (68 percent) of the participating SNFs were privately owned (Table J). An additional 21 percent were operated by voluntary non-profit organizations, and the rest were classified as government facilities. The median number of beds in participating SNFs was 74; only

one out of every 12 had 150 beds or more. Voluntary non-profit and government facilities had a median number of 60 beds, while proprietary facilities were larger with a median number of 79.

A comparison of Tables 1 and 2 shows that, although the national ratio of short-stay hospitals beds to skilled nursing facility beds is 2.3 to one, the ratio varies widely by geographic location. While the numbers of short-stay hospital beds and SNF beds are about equal in the Pacific States, short-stay hospital beds outnumber SNF beds in the West South Central States by about 21 to one. By State, the comparisons are more pronounced. California, Connecticut, and Idaho have fewer short-stay hospital beds than SNF beds, while Oklahoma has 40 short-stay hospitals beds for every SNF bed.

HOME HEALTH AGENCIES

HHAs certified to provide services to Medicare beneficiaries include public, proprietary, voluntary, or private non-profit agencies such as visiting nurse associations, subdivisions of State or local health departments, and home care divisions of hospitals or other health care institutions.

Private organizations which do not qualify as non-profit groups (exempt from Federal income taxation under Section 501 of the Internal Revenue Code of 1954) must be licensed under State law to be considered for certification as HHAs under Medicare. Twenty-five States had passed licensure laws for proprietary HHAs as of July 1980.

The majority of HHAs are either official health agencies (that is, agencies administered by State or local health departments) or visiting nurse associations (Table K). Official health agencies accounted for 46 percent of all participating agencies, while visiting nurse associations represented an additional 18 percent of the total.

TABLE J
Number and Percentage Distribution of Skilled Nursing Facilities by Bed Size and Type of Control,
All Areas, July 1979

Bed Size	All Facilities		Voluntary		Proprietary		Government	
	Number	Percentage Distribution	Number	Percentage Distribution	Number	Percentage Distribution	Number	Percentage Distribution
Total	4,963	100.0	1,064	100.0	3,384	100.0	515	100.0
Less than 25	512	10.3	158	14.8	268	7.9	86	16.7
25-49	1,085	21.9	302	28.4	641	18.9	142	27.6
50-99	1,864	37.6	346	32.5	1,364	40.3	154	29.9
100-149	903	18.2	134	12.6	716	21.2	53	10.3
150-199	338	6.8	54	5.1	250	7.4	34	6.6
200-249	160	3.2	33	3.1	110	3.3	17	3.3
250 or More	101	2.0	37	3.5	35	1.0	29	5.6
Mean Number of Beds	85	—	78	—	86	—	90	—
Median Number of Beds	74	—	60	—	79	—	60	—

TABLE K
Number of Home Health Agencies by Type of Agency and Division, July 1979

Division	All Agencies	Visiting Nurse Association	Combined Government and Voluntary	Government	Hospital Based	Proprietary	Private Non-Profit	Other
Number								
All Areas	2,788	504	49	1,271	342	147	408	67
United States	2,758	503	48	1,269	337	146	388	67
New England	325	216	6	55	22	—	18	8
Middle Atlantic	280	92	5	75	81	1	20	6
East North Central	416	86	10	204	40	11	57	8
West North Central	335	21	8	229	50	—	18	9
South Atlantic	380	32	3	163	29	34	104	15
East South Central	398	4	5	263	36	24	62	4
West South Central	308	10	3	177	14	26	70	8
Mountain	120	9	6	64	23	5	10	3
Pacific	196	33	2	39	42	45	29	6
Other Areas	30	1	1	2	5	1	20	—
Percentage Distribution								
All Areas	100.0	18.1	1.8	45.6	12.3	5.3	14.6	2.4
United States	100.0	18.2	1.7	46.0	12.2	5.3	14.1	2.4
New England	100.0	66.5	1.8	16.9	6.8	—	5.5	2.5
Middle Atlantic	100.0	32.9	1.8	26.8	28.9	.4	7.1	2.1
East North Central	100.0	20.7	2.4	49.0	9.6	2.6	13.7	1.9
West North Central	100.0	6.3	2.4	68.4	14.9	—	5.4	2.7
South Atlantic	100.0	8.4	.8	42.9	7.6	8.9	27.4	3.9
East South Central	100.0	1.0	1.3	66.1	9.0	6.0	15.6	1.0
West South Central	100.0	3.2	1.0	57.5	4.5	8.4	22.7	2.6
Mountain	100.0	7.5	5.0	53.3	19.2	4.2	8.3	2.5
Pacific	100.0	16.8	1.0	19.9	21.4	23.0	14.8	3.1
Other Areas	100.0	3.3	3.3	6.7	16.7	3.3	66.7	—

There are geographic differences by type of agency. Visiting nurse associations accounted for two-thirds of the agencies in New England, compared with one percent in the East South Central States. In contrast, 17 percent of the agencies in New England were official health agencies, while two-thirds of the agencies in the East South Central States were administered by government. Table 2 shows the distribution of participating home health agencies by State.

As shown in Table 2, nine States had over 100 agencies certified under Medicare. Five States and the District of Columbia had fewer than 10 agencies approved under the program.

INDEPENDENT CLINICAL LABORATORIES

Diagnostic laboratory tests performed in an independent clinical laboratory are reimbursable if the laboratory is certified under Medicare. An independent laboratory performing diagnostic tests is one which is independent of the attending physician's office and of a hospital that participates in the program. A laboratory operating under the direction of a physician primarily for the performance of diagnostic laboratory services for other physicians is considered an independent laboratory. A laboratory maintained by a physician for performing diagnostic tests in connection with his or her own practice, on the other hand, is not considered an independent laboratory.

Twenty-nine percent of the approved laboratories were located in the Pacific States. California, with 826 laboratories (24 percent), had the largest number of any State or geographic division. New York followed with 209 and Texas with 206 (Table 2).

OUTPATIENT PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY

The terms "outpatient physical therapy" and "outpatient speech therapy" mean such services furnished by a provider of services, a clinic, a rehabilitation agency, or a public health agency, or by others under an arrangement with, and under the supervision of, such providers to an individual beneficiary as an outpatient. A total of 355 providers of health services were certified for reimbursement for outpatient physical therapy and/or speech pathology services as of July 1979. About 37 percent were in the South. Florida, with 39, had the largest number (Table 2).

PORTABLE X-RAY SERVICES

A supplier of portable X-ray tests is any organization, individual, partnership, or corporation which takes radiographs with portable equipment, usually in the patient's home or other place of residence such as an SNF. The service must be under the general supervision of a physician and must meet certain conditions relating to health and safety. There were 199 suppliers of portable X-ray services certified for reimbursement under Medicare as of July 1979. About one-third were located in California (Table 2).

RURAL HEALTH CLINICS

The Rural Health Clinic Services Act of 1977 (P.L. 95-210, December 13, 1977) extended Medicare and Medicaid coverage for medical services furnished by rural health clinics. In order to be certified, a clinic must be located in an area that has been designated by the U.S. Bureau of the Census as rural and has been designated by the Secretary of HHS as having a shortage of personal health services or primary medical care manpower. The major innovation is to provide coverage for medical services furnished by a qualified physician assistant or nurse practitioner under the direction of a physician. The coverage makes available outpatient or ambulatory care typically provided in a physician's office, outpatient clinic, or emergency room. Rural health clinics certified under Medicare are deemed to meet the standards for certification under Medicaid. A total of 316 rural health clinics were certified for reimbursement as of July 1979; of these, 42 percent were located in the South (Table 2).

CHRONIC RENAL DISEASE FACILITIES

The 1972 amendments extended Medicare coverage to individuals under age 65 who require hemodialysis or renal transplantation for chronic renal disease. The beneficiaries must be currently or fully insured, be entitled to monthly social security benefits, or be the spouses or dependent children of such insured or entitled individuals.

The reimbursement for hemodialysis and renal transplantation is limited to kidney disease treatment centers which meet regulatory requirements and are certified under the program. In July 1979, 922 facilities were approved for renal disease services. A total of 145 hospital-operated facilities were approved for kidney transplants. Of these 145 hospitals, 137 were also approved for dialysis. Also, 471 additional hospitals and 306 free standing facilities were approved to furnish only renal dialysis services. The distribution of approved facilities, by division and State, is shown in Table 3.

Acknowledgments

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Acknowledgment for assistance in preparing this report is made to Kathryn D Barrett, Vikki Latta, Betty Gunn, and Cheryl Black for statistical services and to Adele Deaver for typing.

TABLE 1
Number of Participating Hospitals, Beds, and Beds per 1,000 Hospital Insurance Beneficiaries, by Type of Hospital, Census Division, and State, July 1979

Division and State	Total		Short-Stay		Tuberculosis		Psychiatric		Other Long Stay	
	Hospitals	Beds	Hospitals	Beds	Beds per 1,000 HI Beneficiaries ¹	Hospitals	Beds	Hospitals	Beds	Hospitals
All Areas	6,801	1,147,498	6,128	985,070	36.6	18	2,253	411	133,106	244
United States	6,741	1,138,328	6,070	976,403	36.8	18	2,253	410	132,761	243
New England	350	69,884	283	51,534	32.5	2	290	31	10,120	34
Maine	57	5,064	54	4,523	29.6	—	—	2	518	1
New Hampshire	31	4,128	28	3,255	30.1	—	—	3	873	—
Vermont	20	2,736	18	2,140	34.2	—	—	2	596	—
Massachusetts	171	35,683	133	27,247	36.2	2	290	13	2,424	23
Rhode Island	19	6,439	14	3,440	25.8	—	—	3	1,878	2
Connecticut	52	15,834	36	10,929	29.0	—	—	8	3,831	8
Middle Atlantic	766	216,170	647	160,750	33.4	—	—	82	51,107	37
New York	361	111,511	306	78,248	34.1	—	—	41	31,064	14
New Jersey	127	36,890	104	29,746	32.9	—	—	11	5,855	12
Pennsylvania	278	67,769	237	52,756	32.7	—	—	30	14,188	11
East North Central	1,037	208,795	938	190,881	40.0	2	113	78	15,741	19
Ohio	228	53,781	202	49,570	39.6	1	61	19	3,505	6
Indiana	138	26,570	127	24,258	38.9	—	—	10	2,300	1
Illinois	274	60,367	249	57,015	43.7	1	52	20	2,725	4
Michigan	233	45,171	216	38,913	39.1	—	—	13	5,686	4
Wisconsin	164	22,906	144	21,125	35.4	—	—	16	1,525	4
West North Central	956	110,173	839	94,425	41.0	—	—	33	11,160	84
Minnesota	190	24,094	181	21,674	43.5	—	—	7	2,344	2
Iowa	156	17,857	131	15,582	38.3	—	—	4	1,358	21
Missouri	181	33,518	163	28,418	41.4	—	—	8	4,159	10
North Dakota	55	4,868	53	3,980	47.0	—	—	1	800	1
South Dakota	65	3,892	64	3,868	40.3	—	—	—	—	—
Nebraska	125	10,495	101	8,234	38.4	—	—	6	933	18
Kansas	184	15,449	146	12,669	39.8	—	—	7	1,566	31
South Atlantic	957	186,529	851	156,388	35.6	5	858	75	25,651	26
Delaware	11	2,756	7	1,939	30.8	—	—	2	665	2
Maryland	71	20,247	54	12,985	32.7	1	217	7	5,946	9
District of Columbia	16	8,644	13	4,592	62.0	—	—	2	3,682	1
Virginia	127	24,587	107	21,488	40.9	1	245	14	1,787	5
West Virginia	73	10,488	70	10,374	39.0	—	—	3	114	—
North Carolina	158	28,853	138	22,780	35.9	—	—	13	5,250	7
South Carolina	79	14,774	74	10,956	35.8	1	166	4	3,652	—
Georgia	180	25,694	167	24,204	44.2	1	80	10	1,289	2
Florida	242	50,486	221	47,070	29.8	1	150	20	3,266	—
East South Central	531	73,931	507	70,679	40.1	2	182	15	2,601	7
Kentucky	115	17,116	106	15,184	34.3	1	32	5	1,666	3
Tennessee	160	25,093	150	24,244	44.3	1	150	7	674	2
Alabama	138	19,696	134	19,287	41.7	—	—	3	261	1
Mississippi	118	12,024	117	11,964	38.7	—	—	—	—	60

¹Based on HI enrollment of aged and disabled beneficiaries as of January 1, 1979.

(continued)

TABLE 1 (Cont'd)
Number of Participating Hospitals, Beds, and Beds per 1,000 Hospital Insurance Beneficiaries, by Type of Hospital, Census Division, and State, July 1979

Division and State	Total			Short-Stay			Tuberculosis			Psychiatric			Other Long-Stay		
	Hospitals	Beds	Beds per 1,000 HI ¹ Beneficiaries	Hospitals	Beds	Beds per 1,000 HI ¹ Beneficiaries	Hospitals	Beds	Beds per 1,000 HI ¹ Beneficiaries	Hospitals	Beds	Beds per 1,000 HI ¹ Beneficiaries	Hospitals	Beds	Beds per 1,000 HI ¹ Beneficiaries
West South Central.....	917	112,680	41.3	867	104,192	41.3	5	645	41.3	34	7,011	41.3	11	832	41.3
Arkansas.....	103	11,224	32.0	100	10,613	32.0	—	—	32.0	2	522	32.0	1	89	32.0
Louisiana.....	151	21,665	44.3	141	18,957	44.3	1	16	44.3	7	2,630	44.3	2	162	44.3
Oklahoma.....	137	16,386	36.7	131	14,207	36.7	1	127	36.7	5	1,952	36.7	—	—	36.7
Texas.....	526	63,505	43.9	495	60,515	43.9	3	502	43.9	20	1,907	43.9	8	581	43.9
Mountain.....	422	43,458	36.7	396	39,501	36.7	—	—	36.7	15	3,397	36.7	11	560	36.7
Montana.....	65	3,601	39.8	65	3,601	39.8	—	—	39.8	—	—	—	—	—	39.8
Idaho.....	48	2,808	28.5	48	2,808	28.5	—	—	28.5	—	—	—	—	—	28.5
Wyoming.....	29	2,050	42.9	28	1,885	42.9	—	—	42.9	1	365	42.9	—	—	42.9
Colorado.....	94	12,518	41.9	84	10,867	41.9	—	—	41.9	5	1,445	41.9	5	406	41.9
New Mexico.....	50	4,597	37.0	46	4,423	37.0	—	—	37.0	2	136	37.0	2	38	37.0
Arizona.....	72	10,891	32.4	66	9,666	32.4	—	—	32.4	4	961	32.4	2	64	32.4
Utah.....	42	4,365	35.5	39	3,965	35.5	—	—	35.5	1	348	35.5	2	52	35.5
Nevada.....	22	2,828	41.6	20	2,686	41.6	—	—	41.6	2	142	41.6	—	—	41.6
Pacific.....	805	116,708	32.4	742	108,053	32.4	2	165	32.4	47	5,973	32.4	14	2,517	32.4
Washington.....	114	13,367	26.6	108	11,834	26.6	1	66	26.6	5	1,467	26.6	—	—	26.6
Oregon.....	81	10,244	27.5	77	8,733	27.5	—	—	27.5	4	1,511	27.5	—	—	27.5
California.....	561	89,447	33.9	514	84,234	33.9	1	99	33.9	36	2,617	33.9	10	2,347	33.9
Alaska.....	24	1,269	94.6	23	1,069	94.6	—	—	94.6	1	200	94.6	—	—	94.6
Hawaii.....	25	2,531	29.5	20	2,183	29.5	—	—	29.5	1	178	29.5	4	170	29.5
Other Areas.....	60	9,170	25.9	58	8,667	25.9	—	—	25.9	1	345	25.9	1	158	25.9
Puerto Rico.....	56	8,556	24.6	54	8,053	24.6	—	—	24.6	1	345	24.6	1	156	24.6
Virgin Islands.....	2	316	70.6	2	316	70.6	—	—	70.6	—	—	—	—	—	70.6
American Samoa.....	1	150	207.5	1	150	207.5	—	—	207.5	—	—	—	—	—	207.5
Guam.....	1	148	82.5	1	148	82.5	—	—	82.5	—	—	—	—	—	82.5

¹Based on HI enrollment of aged and disabled beneficiaries as of January 1, 1979.

TABLE 2
Number of Participating Skilled Nursing Facilities, Home Health Agencies, Independent Laboratories, Outpatient Physical Therapy, and/or Speech Pathology, Portable X-Ray, and Rural Health Clinics, by Census Division and State, July, 1979

Division and State	Skilled Nursing Facilities			Home Health Agencies	Independent Laboratories	Outpatient Physical Therapy and/or Speech Pathology	Portable X-Ray	Rural Health Clinics
	Facilities	Beds	Beds per 1,000 HI Beneficiaries ¹					
Total, all Areas	4,963	419,835	15.6	2,788	3,373	355	199	316
United States	4,956	419,633	15.8	2,758	3,334	354	199	316
New England	391	27,336	17.2	325	229	16	19	25
Maine	18	609	4.0	18	2	—	—	13
New Hampshire	22	835	7.7	43	8	2	—	1
Vermont	19	698	11.2	19	3	1	—	6
Massachusetts	118	6,650	8.8	148	116	3	7	2
Rhode Island	40	1,801	13.5	13	28	1	2	3
Connecticut	174	16,743	44.5	84	72	9	10	—
Middle Atlantic	930	110,946	23.1	280	458	51	28	21
New York	520	67,079	29.3	120	209	11	17	8
New Jersey	122	13,950	15.4	45	91	15	5	—
Pennsylvania	288	29,917	18.5	115	158	25	6	13
East North Central	924	67,401	14.1	418	532	77	30	23
Ohio	245	24,192	19.3	110	123	20	9	8
Indiana	115	5,957	9.6	43	37	8	1	3
Illinois	207	9,327	7.1	122	198	23	6	—
Michigan	281	22,193	22.3	58	152	23	7	7
Wisconsin	76	5,732	9.6	83	22	3	7	5
West North Central	279	17,361	7.5	335	179	26	8	25
Minnesota	89	5,241	10.5	83	23	7	5	—
Iowa	33	819	2.0	96	17	7	1	5
Missouri	49	3,897	5.7	47	84	6	2	—
North Dakota	57	3,929	46.4	11	12	2	—	—
South Dakota	7	393	4.1	30	7	—	—	14
Nebraska	20	1,380	6.4	17	9	1	—	2
Kansas	24	1,702	5.4	51	27	3	—	4
South Atlantic	633	51,256	11.7	380	344	75	17	87
Delaware	13	857	13.6	6	12	2	—	—
Maryland	77	6,930	17.4	27	61	4	2	—
District of Columbia	6	419	5.7	4	10	—	—	—
Virginia	50	1,765	3.4	46	32	3	2	5
West Virginia	34	2,703	10.2	27	21	3	—	11
North Carolina	134	7,972	12.6	80	16	1	1	43
South Carolina	79	6,068	19.9	20	15	11	1	4
Georgia	59	5,126	9.4	38	47	12	1	9
Florida	181	19,416	12.3	132	130	39	10	15
East South Central	339	19,846	11.3	398	123	21	3	37
Kentucky	92	4,386	9.9	51	35	6	2	7
Tennessee	52	2,640	4.8	140	35	6	—	17
Alabama	182	12,274	26.5	80	31	6	—	7
Mississippi	13	546	1.8	127	22	3	1	6
West South Central	87	4,907	1.9	308	333	36	8	8
Arkansas	3	314	0.9	84	22	2	—	—
Louisiana	12	1,838	4.3	76	49	8	1	—
Oklahoma	7	353	0.9	61	56	6	—	—
Texas	65	2,402	1.7	87	206	20	7	8
Mountain	252	16,664	15.5	120	167	34	11	35
Montana	67	2,909	32.1	16	6	8	—	—
Idaho	41	3,014	30.6	13	8	3	1	5
Wyoming	2	273	6.9	14	4	1	—	—
Colorado	71	5,918	23.3	35	50	14	3	3
New Mexico	4	223	1.9	14	21	4	1	15
Arizona	21	784	2.6	13	42	3	3	4
Utah	24	1,841	16.5	9	16	—	1	6
Nevada	22	1,702	26.3	6	20	1	2	2
Pacific	1,123	103,916	31.2	196	969	18	75	55
Washington	90	10,167	22.8	28	76	6	7	12
Oregon	53	3,632	11.5	32	38	2	3	4
California	951	87,821	35.3	126	826	9	64	31
Alaska	4	207	18.3	1	5	—	1	7
Hawaii	25	2,089	27.6	9	24	1	—	1
Other Areas	5	202	0.6	30	39	1	—	—
Puerto Rico	4	186	0.6	28	35	1	—	—
Virgin Islands	—	—	—	1	1	—	—	—
American Samoa	—	—	—	—	—	—	—	—
Guam	1	16	8.9	1	3	—	—	—

¹Based on HI enrollment of aged and disabled beneficiaries as of January 1, 1979.

TABLE 3
Number and Percentage Distribution of Facilities Approved for Kidney Transplant and/or Renal Dialysis,
by Census Division and State, July 1979

Division and State	Total	Hospital Operated Facilities			Free Standing Dialysis Only Facilities
		Transplant Only	Dialysis Only	Transplant and Dialysis	
Total, all Areas	922	8	471	137	306
United States	910	8	462	137	303
New England	43	—	23	11	9
Maine	4	—	2	1	1
New Hampshire	2	—	1	—	1
Vermont	1	—	—	1	—
Massachusetts	18	—	8	7	3
Rhode Island	4	—	2	—	2
Connecticut	14	—	10	2	2
Middle Atlantic	151	1	98	20	32
New York	75	1	54	11	9
New Jersey	22	—	14	3	5
Pennsylvania	54	—	30	6	18
East North Central	141	—	83	32	26
Ohio	27	—	11	11	5
Indiana	7	—	5	2	—
Illinois	54	—	30	7	17
Michigan	32	—	19	10	3
Wisconsin	21	—	18	2	1
West North Central	59	1	44	10	4
Minnesota	14	—	10	3	1
Iowa	8	—	7	1	—
Missouri	17	1	9	4	3
North Dakota	3	—	3	—	—
South Dakota	5	—	5	—	—
Nebraska	8	—	7	1	—
Kansas	4	—	3	1	—
South Atlantic	164	—	48	25	91
Delaware	3	—	1	—	2
Maryland	15	—	4	3	8
District of Columbia	10	—	1	5	4
Virginia	23	—	7	3	13
West Virginia	8	—	5	1	2
North Carolina	17	—	4	4	9
South Carolina	10	—	4	1	5
Georgia	23	—	5	3	15
Florida	55	—	17	5	33
East South Central	49	—	17	6	26
Kentucky	11	—	3	2	6
Tennessee	14	—	5	2	7
Alabama	14	—	6	1	7
Mississippi	10	—	3	1	6

(continued)

TABLE 3 (Cont'd)
Number and Percentage Distribution of Facilities Approved for Kidney Transplant and/or Renal Dialysis,
by Census Division and State, July 1979

Division and State	Total	Hospital Operated Facilities			Free Standing Dialysis Only Facilities
		Transplant Only	Dialysis Only	Transplant and Dialysis	
West South Central	112	3	54	12	43
Arkansas	12	—	8	1	3
Louisiana	22	—	10	3	9
Oklahoma	14	1	8	3	2
Texas	64	2	28	5	29
Mountain	45	—	26	5	14
Montana	4	—	4	—	—
Idaho	2	—	2	—	—
Wyoming	1	—	—	—	1
Colorado	13	—	8	1	4
New Mexico	8	—	4	1	3
Arizona	9	—	5	2	2
Utah	5	—	—	1	4
Nevada	3	—	3	—	—
Pacific	146	3	69	16	58
Washington	10	3	6	—	1
Oregon	6	—	3	1	2
California	122	—	54	14	54
Alaska	2	—	1	—	1
Hawaii	6	—	5	1	—
Outlying Areas	12	—	9	—	3
Guam	1	—	1	—	—
Puerto Rico	9	—	6	—	3
Virgin Islands	2	—	2	—	—

Health Care Financing Program Statistics

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Patricia Roberts Harris, Secretary

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